TULARE COUNTY FICTITIOUS BUSINESS NAME STATEMENT

221 S. Mooney Blvd. Rm 105, Visalia, California 93291-4593

1. Filng fee is for the first business name and owner name and	FILE NO.			
\$5.00 for each additional business name and/or owner name on the	New Refile:	With No changes	With Changes	
same statement 2. When filing by mail, provide a self-addressed, stamped envelope	rten rteme.	Will No Granges	With Changes	
See Reverse Side for Instructions	Previous File No.:	_		
THE FOLLOWING PERSON(S) IS/ARE DOING BUSINESS AS:				
1. * Fictitious Business Name(s) (type or print)	Phone No.:			
(1.)				
(2.)				
2.** Street Address of Principal Place of Busines	Otata	7'- 0-1-		
2.^^ Street Address of Principal Place of Busines	City State	Zip Code		
Mailing Address	City	State	Zip Code	
•	2.1,		p	
A this Fill I MANE OF DECICEDANT (P 14 11 1 114		
3.*** FULL NAME OF REGISTRANT (type or print)	(if corporation or limited liability company, show State)			
Residence Address (P.O. Box not acceptable)	City	State	Zip Code	
FULL NAME OF DECISTRANT (4 mag or maint)	(if corneration	or limited liability on	mnony chow State)	
FULL NAME OF REGISTRANT (type or print)	(ii corporation	(if corporation or limited liability company, show State)		
Residence Address (P.O. Box not acceptable)	City	State	Zip Code	
FULL NAME OF DECISIONAL (Constraint)	/if corneration	ar limitad liability as	mnany abou Stata	
FULL NAME OF REGISTRANT (type or print)	(ii corporation	or illilited liability co	mpany, show State)	
Residence Address (P.O. Box not acceptable)	City	State	Zip Code	
	•			
4.**** THIS BUSINESS IS CONDUCTED BY: (Check one only)				
This bosiness is conducted by: (check one only)	CO () A Corporation BT () A Trust			
IN () An Individual GP () A General Partnership	BT () A Trust CP () Copartners			
LP () A Limited Partnership	HW () Husband and W	ife		
LL () A Limited Liability Company	JV () Joint Venture			
UA () An Unincorporated Association other than a Partnership	RDP () Other - Specify			
5. I declare that all the information in this statement is true and correct.	(A registrant who declares as true in	nformation which he o	she knows to be false	
is guilty of a crime). * If registrant is a corporation or limited liability cor				
Signed	Print Name			
5a.				
Signed	CORPORATIO	N OR LIMITED LIARII	ITY COMPANY NAME	
	CORFORATIO	IN OR LIMITED LIABIL	ITT COMPANT NAME	
(Type or Print Signature)	OFFIC	CER'S NAME & TITLE	(type or Print)	
THIS STATEMENT SHED WITH THE COUNTY OF SHE OF THE ARE	COUNTY ON			
THIS STATEMENT FILED WITH THE COUNTY CLERK OF TULARE The Registrant commenced to transact business	COUNTY ON:			
under the fictitious business name(s) listed above	GREG	ORY B. HARDCASTLI	E, County Clerk	
on.	P _V		Danish	
on			Deputy	
NOTICE: IN ACCORDANCE WITH SUBDIVISION(a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES	I hereby certify that the f	oregoing is a correc	t copy of the	
THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PR	original on file in my offi	original on file in my office.		
/IDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER	THE			
NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT		Date		
ODES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF		GREGORY B. HARDCASTLE, County Clerk By Deputy		
NOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).	Бу		Deputy	

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code Section 17913:

- * Where one asterisk appears in the form:
 - (a) Insert the fictitious business name or names
 - (b) Only those businesses operated at the same address and under the same ownership may be listed on one statement

** Where two asterisks appear in the form:

- (a) If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal** place of business in this state
- (b) If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
- (c) Mail Box and Post Office Box Numbers are not acceptable as a business address when used alone without a street address

*** Where three asterisks appear in the form:

- (a) If the registrant is an individual, insert his or her full name and residence address
- (b) If the registrants are husband and wife, insert the full name and residence address of both the husband and the wife
- (c) If the registrant is a general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residence address of each general partner
- (d) If the registrant is a **limited partnership**, insert the full name and residence address of each general partner
- (e) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization
- (f) If the registrant is a trust, insert the full name and residence address of each trustee
- (g) If the registrant is a **corporation**, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation
- (h) If the registrants are **state or local registered domestic partners**, insert the full name and residence address of each domestic partner

**** Where four asterisks appear in the form:

(a) Check whichever of the terms listed on the front of the form best describes the nature of the business

***** Where five asterisks appear in the form:

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
- (b) Insert N/A if you have not yet commenced to transact business under the fictitious business name or names listed

Business and Professions Code Section 17914

The statement shall be signed as follows:

- (a) If the registrant is an individual, by the individual
- (b) If the registrants are husband and wife, by the husband or wife
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business name statement **shall** be filed with the clerk of the county in which the registrant has his or her **principal place** of business in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions Code Section 17917

Publication for Original, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 30 days after a fictitious business name statement has been filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 30 days after the completion of the publication.
- (b) If a refiling is required because the prior statement has expired, the refiling need **not** be published, unless there has been a change in the information required in the expired statement, provided the refiling is filed **within** 40 days of the date the statement expired.

Business and Professions Code Section 17922

Abandonment of Fictitious Business Name

(a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).